#### PHOENIX OFFICE 1300 West Washington Phoenix, Arizona 85007-2929

1300 West Washington
Phoenix, Arizona 85007-2929
Phone: (602) 542-3026
Toll Free (AZ only): 1-800-345-5819
WWW.AZCC.GOV

# ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

TUCSON OFFICE

400 West Congress, Suite #221 Tucson, Arizona 85701-1347 Phone: (520) 628-6560 Toll Free (AZ only): 1-800-345-5819 www.azcc.gov

## PROCEDURE FOR OPENING A "MONEY-ON-DEPOSIT ACCOUNT"

- 1. The attached Public Records Reproduction Request form must be completed and filed.
- 2. Provide a list of the authorized individuals who will utilize the account.
  - A contact person
  - Phone and fax number
  - E-mail address if possible
- 3. Provide a check made payable to the Arizona Corporation Commission
- 4. Requests for opening a Money On Deposit Account will be accepted via mail or hand delivered to the following address:

Arizona Corporation Commission
Corporations Division
Records Section
1300 West Washington Street, Room 101
Phoenix, AZ 85007
ATTN: Records Section Supervisor

Upon receipt of your MOD account request you will be notified of your account number via mail.



| Date:  |  |
|--|--|
| Records Section, Corporations Division Arizona Corporation Commission 1300 West Washington Room 101 Phoenix, AZ 85007  |  |
| RE: MONEY-ON-DEPOSIT ACCOUNT   |  |
| To Whom It May Concern:  |  |
| I would like to open a Money-On-Deposit Account with the Arizona Corporation Commission (put to A.R.S. 10-122.01). Enclosed please find a check in the amount of \$ for the initial of the following is the information for the new account: |  |
| Name of Account:   |  |
| Address:   |  |
|  |  |
|  |  |
| Contact person:  |  |
|  |  |
|  |  |
|  |  |
| Authorized User(s):  |  |
|  |  |
|  |  |
|  |  |
| Telephone Number: Fax Number:  |  |
| Email:   |  |
| Signature:   |  |
| Print Name: Title:   |  |

RecModacct Rev 11/2007



#### STATE OF ARIZONA

#### PUBLIC RECORD REPRODUCTION REQUEST

#### INFORMATION AND INSTRUCTION SHEET

REQUESTING PARTY: PLEASE READ AND NOTE THE FOLLOWING INFORMATION AND INSTRUCTIONS.

Pursuant to A.R.S. §39-121.03, Laws 1977, Ch. 54, §3 (effective May 17, 1977) Amended by Laws 1985, Ch.213, §4, any person requesting copies, printouts or photographs of public records must provide a STATEMENT as to whether the use of such reproductions will be for COMMERCIAL or NON-COMMERCIAL purposes.

A person providing a statement that the reproductions will not be used for a commercial purpose, will be furnished such reproductions at a reasonable fee, not exceeding a commercial rate for like service. A person providing a statement setting forth the commercial purpose for which the reproduction will be used, may be furnished such reproductions at the discretion of the custodian of the records for a charge reflecting the following:

- 1. A portion of the cost to the State for obtaining the documents or records to be reproduced.
- 2. A reasonable fee covering the cost of time, equipment and personnel in making the reproduction.

If the custodian of a public record believes that the commercial purpose of a reproduction is a misuse of public records or an abuse of the right to receive them, he or she may refuse a request for reproduction of such record for said commercial purpose and may request the Governor to prohibit the furnishing of reproductions for such commercial purposes by Executive Order. If an Executive Order is not issued within thirty (30) days of the custodian's application, the requesting party will be furnished such reproductions for the commercial purpose set forth in his or her statement. (A.R.S. §39-121.03.B.)

"Commercial purpose" is broadly defined by the Act as "any purpose in which the purchaser can reasonably anticipate the receipt of monetary gain from the direct or indirect use of such public record." (A.R.S. §39-121.03.D.)

"Commercial purpose" includes copies of records for sale or resale and copies of printouts of names and addresses for purposes of solicitation of business.

IMPORTANT: Subsection C of A.R.S. §39-121.03 provides that:

"A person who obtains public records for a commercial purpose without indicating the commercial purpose or who obtains a public record for a non-commercial purpose and uses or knowingly allows the use of such public record for a commercial purpose or obtains a public record for a commercial purpose and uses or knowingly allows the use of such public record for a different commercial purpose or obtains a public record from anyone other than the custodian of such records and uses them for a commercial purpose shall in addition to other penalties\* be liable to the state or the political subdivision from whom the public record was obtained for damages in the amount of three times the amount which would have been charged for the public record had the commercial purpose been stated plus costs and reasonable attorneys' fees or shall be liable to the state for the amount of three times the actual damages if it can be shown that the public record would not have been provided had the commercial purpose of actual use been stated at the time of obtaining the records."

\*Perjury is a Class 4 Felony (A.R.S. §13-2702).



# STATE OF ARIZONA

# PUBLIC RECORDS REPRODUCTION REQUEST

(Required by Arizona Revised Statutes §39-121.03)

This Document represents the statement of:

| (Name of requesting Firm/Agency)  |
|---|
| submitted to the Corporations Division of the ARIZONA CORPORATION   |
| COMMISSION ON, requesting that said custodian (Date)  |
| provide a copy or other reproduction of certain public record(s)  |
| specified below: (Indicate the record(s)you wish to have copied or  |
| reproduced.)  |
| INDICATE WHETHER THE RECORD(S) ARE TO BE USED FOR:  |
| Commercial PurposesNoncommercial Purposes (Government Agencies only)  |
| I,, understand that I am (Requesting Party) being sold the use of the public records referred to herein and am prohibited from their use for any reason other than as stated above that at all times these records remain the property of the Arizona Corporation Commission and are subject to return upon demand. |
| I,, declare that, Requesting Party)   |
| I have read the information and instruction sheet accompanying this form (or A.R.S. §39-121.03 itself) and understand the contents therein. I further declare, under penalty of perjury, that the foregoing is correct and true.  |
| (Signature of Requesting Party)   |

# ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION RECORDS SUBMISSION COVER SHEET

Corporate Records Section Fax Number: (602) 542 - 3414

### PLEASE SELECT AND COMPLETE ALL THE APPROPRIATE SECTIONS 1 THROUGH 10:

Regarding (Name/Proposed name for Corp/LLC):

1. REGARDING (NAME/PROPOSED NAME FOR Corp/LLC) Type in Name: Specify The Document (s) Requested: 4. PROCESSING TYPE (SELECT ONE) Copy of Articles of Incorporation/Organization Expedited (\$35.00) (Priority service, Additional Fee Per Document) Completed as Copy of Application for Authority soon as possible. View current processing times **Copy of Amendments** at www.azcc.gov/divisions/corporations **Copy of Mergers Copy of Application for New Authority** Regular View current processing times at Copy of Annual Report (indicate year) www.azcc.gov/divisions/corporations **Copy of any Limited Liability Company Document Certified Documents for an LLC (per document)** 5. SELECT PAYMENT TYPE: **Plain Copies Certified Documents for a Corporation** ☐ Check Amt \_\_\_\_\_ Check #\_\_\_\_ Certificate for any purpose Cash Amt ☐ Change of Address MOD Amt \_\_\_\_\_ MOD #\_\_\_\_ ☐ Other: \_\_\_\_\_ 6. NO FEE REQUIRED 3. EXTRAS: Certified Copies ( ) (Qty @ \$5 each for Corps Certified Copies ( ) (Qty @ \$10 each for LLC's 7. OTHER SPECIAL INSTRUCTIONS: Good Standing Certificate ( ) (Qty @ \$10 ea.) RETURN DELIVERY OPTION (SELECT ONE): Mail Pick Up Fax #\_\_\_\_\_ 8. THE FOLLOWING INDIVIDUAL SHOULD BE CALLED TO PICK UP COMPLETED DOCUMENTS: 9. NAME/SERVICE CO: PHONE: ALL DOCUMENTS ARE SUBJECT TO REVIEW BEFORE FILING. ALL FAX FILINGS RECEIVED WILL BE FAXED BACK TO THE CUSTOMER, UNLESS OTHERWISE INDICATED. IF YOU WISH US TO MAIL THE DOCUMENTS BACK TO YOU, PLEASE PROVIDE A RETURN MAILING ADDRESS ON THE LINE (S) BELOW. Business Name:\_\_\_\_\_ Attn: \_\_\_\_\_ Address: City, State, Zip:

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Pick up by:

(FOR ACC USE ONLY. Do not fill in this box)

Date: